

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09938870</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51		
2						52		
3						53		
4						54		
5						55		
6	/					56		
7						57		
8						58		
9						59		
10						60		
11						61		
12	/					62		
13						63		
14						64		
15						65		
16						66		
17	/					67		
18						68		
19						69		
20						70		
21						71		
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37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	<i>45</i>					TOTAL IND.		
TOTAL DEP.	<i>13</i>	→	→	→		TOTAL DEP.	→	
TOTAL CLAIMS	<i>17</i>					TOTAL CLAIMS	→	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS